



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-2014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$58351512
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$58351512

2. Deductions From Revenue

Contractual Allowance	\$33597883
Other Deductions	\$0
Total Deductions	\$33597883

3. Total Operating Revenue

Net Patient Service Revenue	\$24753629
Other Operating Revenue	\$106311
Total Operating Revenue	\$24859940

4. Operating Expenses

Salaries and Wages	\$8912077	Employee Benefits	\$2356057
Depreciation and Amortization	\$480937	Interest Expense	\$594
Bad Debt	\$201229	Other Expenses	\$11624875
Total Operating Expenses	\$23575769		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1284171	Total Assets	\$7043303
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1605130
Total Net Gains	\$1284171		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$42320265	\$25245339	\$17074926
Medicaid	\$3334608	\$2324516	\$1010092
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12696639	\$6028028	\$6668611
Total	\$58351512	\$33597883	\$24753629

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0